

PLACER COUNTY BOARD OF SUPERVISORS

APPLICATION FOR MEMBERSHIP ON ADVISORY BOARD OR COMMISSION

THE FOLLOWING IS PUBLIC INFORMATION

APPLICATION FOR MEMBERSHIP ON:	
APPLICATION FOR MEMBERSHIP ON: (NAME OF BOARD, COMMISSION, OR COMMITTEE)	
IF THIS BOARD/COMMISSION/COMMITTEE CA	ILLS FOR A SPECIFIC TYPE MEMBER, PLEASE INDICATE THE
POSITION FOR WHICH YOU ARE APPLYING:_	
NAME:	
	SIDE:
	DAYS:TIMES
EMPLOYMENT EXPERIENCE/PROFESSION (A	RESUME MAY BE ATTACHED):
ORGANIZATION/COMMUNITY EXPERIENCE:	
EDUCATIONAL EXPERIENCE:	
APPLICATIONS V	WILL BE RETAINED FOR TWO YEARS
APPLICATION MUST BE FILEI	D WITH THE CLERK OF THE BOARD OF SUPERVISORS
175 FULWEILER AVE	NUE, ROOM 101, AUBURN, CALIFORNIA 95603
DATE:SIGNATU	JRE
THE FOLLOWING IS CONSIDERED CONF	FIDENTIAL INFORMATION FOR PLACER COUNTY STAFF USE ONLY
RESIDENCE ADDRESS:	
MAILING ADDRESS:	
	BUSINESS:
FAX:	E-MAIL: